



Williamsburg Parks & Recreation Department

Girls & Boys - Youth Basketball Registration



Girls: Ages 6 to 13 / **Boys:** Ages 6 to 12

Registration: September 1 - 30

Girls: Ages 14 to 17 / **Boys:** Ages 13 to 17

Registration: November 1 - 19

Your age for this season is your age as of **09/01/07.**

This program is for residents of Williamsburg, James City County and York County.

Register in Person:

Quarterpath Recreation Center
202 Quarterpath Road
Williamsburg, VA 23185

Quarterpath Recreation Center Hours:

Monday – Friday 8 a.m. to 9 p.m.
Saturday 9 a.m. to 6 p.m.
Sunday 1 p.m. to 8 p.m.

On-line:

Registration is available with a check, valid MasterCard or Visa credit card during the registration period only. Visit www.williamsburgva.gov/dept/rec.

By Mail:

Complete the registration form on the reverse side. Make check payable to Williamsburg Recreation and mail to 202 Quarterpath Road, Williamsburg, VA 23185.

Registration Fee: \$45 – 1st participant
\$35 – 2nd participant
\$25 – each additional participant in the same family

General Information:

1. Each player will receive a t-shirt.
2. Player requests for specific teammates **WILL NOT BE GUARANTEED.**
3. Player requests for specific coaches **WILL NOT BE GUARANTEED.**

	<u>Girls: Ages 6 to 13</u>	<u>Girls: Ages 14 to 17</u>
	<u>Boys: Ages 6 to 12</u>	<u>Boys: Ages 13 to 17</u>
Registration:	September 1 - 30	November 1 - 19
Practice begins:	November 1	December 11
Season begins:	November 27	January 8
Season:	November 26 th – March 10 th	
Winter Break:	December 20 th – January 7 th	

Practices & Season dates are subject to change.

Williamsburg Parks & Recreation Department (757) 259-3760

Do not return this flyer to the school office.

To Receive E-Mail Announcements, Go to: <http://www.williamsburgva.gov/announcements/subscribe.aspx>

The Williamsburg Department of Parks & Recreation does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs or activities.

Registration / Refund Information: All registrations are accepted on a first-come, first-served basis. Stop by the office at the Quarterpath Recreation Center to complete the registration/waiver form and pay the required fee (cash, check made payable to Williamsburg Recreation, VISA or MasterCard). The Williamsburg Department of Parks and Recreation does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs or activities. There will be no refunds after Youth Basketball games begin. Any requests for a refund after the first day of games for illness, injury or re-location is subject to review by the Director. All refunds will be assessed a 10% administrative fee, not to exceed \$5.00.



Williamsburg Parks & Recreation

Youth Basketball Registration Form

PLEASE PRINT



PLAYER'S NAME: _____ BIRTHDATE: ____/____/____

LIVES WITH: ☐ Father ☐ Mother ☐ Both ☐ Legal Guardian AGE: ____ **As of 09/01/07** SEX: _____

SCHOOL PLAYER ATTENDS: _____ GRADE: _____

HEIGHT OF PLAYER: _____ feet _____ inches (Please be accurate) RESIDENT OF CITY/COUNTY: _____

T-SHIRT SIZE: Y-MED ☐ Y-LRG ☐ A-SM ☐ A-MED ☐ A-LRG ☐ A-XL ☐ A-XXL ☐ W ☐ JCC ☐ YC ☐ Other ☐

GIRLS LEAGUES

Girls 8-under ☐ Girls 13-under ☐

Girls 10-under ☐ Girls 17-under ☐

BOYS LEAGUES

Boys 8-under ☐ Boys 14-under ☐

Boys 10-under ☐ Boys 17-under ☐

Boys 12-under ☐

Do you currently play on a: School team ☐ AAU team ☐

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FATHER

Name: _____

Street: _____

City: _____ Zip: _____

Subdivision: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Email: _____

MOTHER

Name: _____

Street: _____

City: _____ Zip: _____

Subdivision: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Email: _____

I (We), the below-signed certify (1) That the above information is correct; (2) That in consideration and as a condition of the above identified registrant's participation in the Youth Basketball program, I agree to indemnify, defend and hold harmless the City of Williamsburg, its agents and employees from and against any and all liability from injury which I or my child may suffer as a result of or in any connection with or arising out of the registrant's participation in the above program; and (3) That the responsibility for carrying appropriate medical plans, including hospitalization lies with the below-signed parent/guardian.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

NO REFUNDS AFTER THE GAMES BEGIN – PAYMENT MUST ACCOMPANY REGISTRATION FORM

MEDIA RELEASE: I authorize Williamsburg Parks and Recreation Department to reproduce and/or publish pictures or likeness of my child(ren) and I, for the promotion of, or encouraging public participation in, the Williamsburg Parks and Recreation programs. I understand that I will not be reimbursed in cash or in kind now or in the future.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

DEAR PARENT: We are always in need of volunteer help. Coaching takes only 2-3 hours each week and does not require extensive knowledge of basketball. Without volunteer coaches, the program would not be as successful. PLEASE INDICATE BELOW THE POSITION YOU WOULD BE WILLING TO ACCEPT.

HEAD COACH: _____ ASSISTANT COACH: _____

Name _____

Home Number _____

E-Mail: _____ Work Number _____

In an effort to better insure the safety of all children participating in the many programs and activities, the Parks & Recreation Department now requires all coaches to undergo a background check. Your cooperation is imperative to complete this process at your earliest convenience since it takes 4 to 6 weeks to process. Please call 259-3760 if you are interested in coaching.

OFFICE USE ONLY: AMOUNT PAID \$ _____ Check ☐ Cash ☐ Charge ☐ DATE _____ Receipt # _____